

Renewal Liquor License 2016/2017

License is: ☐ Full Year OR ☐ Seasonal If seasonal, list dates of operation: _____

SECTION A - LICENSE INFORMATION		
License Number:	License Type:	Statute Reference: Sec. 04.11.
Local Governing Body:		Community Council (if applicable):
Name of Licensee:		Doing Business As (DBA):
Mailing Address:		Street Address or Location of Premises:
Phone:	Fax:	Email:

SECTION B – OWNERSHIP INFORMATION – CORPORATION (if owner is a sole proprietor, skip to SECTION C)				
<i>Corporations, LLCs, LLPs and LPs must be registered with the Alaska Division of Corporations.</i>				
Name of Entity (Corporation/LLC/LLP/LP):				
Is the Entity in “Good Standing” with the Alaska Division of Corporations? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, attach written explanation. Your entity must be in compliance with Title 10 of the Alaska Statutes to be a valid liquor licensee.				
Entity Members (Must include President, Secretary, Treasurer, Vice-President, Manager and Shareholder/Member with 10% or more of stock)				
Name	Title	%	Mailing Address	Telephone Number
NOTE: If you need additional space, please attach a separate sheet.				

SECTION C – OWNERSHIP INFORMATION – SOLE PROPRIETORSHIP (INDIVIDUAL OWNER & SPOUSE)**Individual Licensees/Affiliates** (The ABC Board defines an “affiliate” as the spouse or significant other of a licensee. Each affiliate must be listed.)

Name:	Applicant <input type="checkbox"/>	Name:	Applicant <input type="checkbox"/>
Address:	Affiliate <input type="checkbox"/>	Address:	Affiliate <input type="checkbox"/>
Phone:	Date of Birth:	Phone:	Date of Birth:
Name:	Applicant <input type="checkbox"/>	Name:	Applicant <input type="checkbox"/>
Address:	Affiliate <input type="checkbox"/>	Address:	Affiliate <input type="checkbox"/>
Phone:	Date of Birth:	Phone:	Date of Birth:

SECTION D – SUPPLEMENTAL QUESTIONS

Was your business open at least 30 days for 8 hours each day in 2014?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your business open at least 30 days for 8 hours each day in 2015?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any person named in this application been convicted of a felony or Title 4 violation? If yes, attach a written explanation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the licensed premises changed from the last diagram submitted? If yes, attach a new diagram with designated premises areas outlined in red .	<input type="checkbox"/> Yes <input type="checkbox"/> No
For Package Stores only: Do you intend to sell alcoholic beverages in response to a written order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For Restaurant / Eating Places only: Were your gross receipts from the sale of food at least 50% of your total gross receipts for 2014 and 2015?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DECLARATION

- I declare under penalty of perjury that I have examined this application, including the accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.
- I hereby certify that there have been no changes in officers or stockholders that have not been reported to the Alcoholic Beverage Control Board. The undersigned certifies on behalf of the organized entity, it is understood that a misrepresentation of fact is cause for rejection of this application or revocation of any license issued.
- I further certify that I have read and am familiar with Title 4 of the Alaska statutes and its regulations, and that in accordance with AS 04.11.450, no person other than the licensee(s) has any direct or indirect financial interest in the licensed business.
- I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.
- As a licensee (sole proprietor or partner), I certify that I have received Alaska alcohol server training and my certification is currently valid.
- As a corporate/LLC licensee, I certify that all agents and employees who serve, sell, or are otherwise responsible for the service, sale, or storage of alcoholic beverages have received Alaska alcohol server training and their certification is currently valid. I further certify that certain shareholders, officers, directors, or members of the entity who are not directly or indirectly responsible for the service, sale, or storage of alcoholic beverages are not Alaska alcohol server training certified and will not be required to be certified.
- As a licensee, I certify that all of my agents and employees tasked with patron identification verification have received alcohol server training and their certification is currently valid.

License Fee	\$
Filing Fee	\$ 200.00
TOTAL	\$
Late Fee of \$500.00 – if received or postmarked after 12/31/2015	\$
Fingerprint Fee – \$49.75 per person (only for new owners/members)	\$
GRAND TOTAL	\$

Licensee Signature	Printed Name & Title:
Notary Signature	Subscribed and sworn to before me this _____ day of _____, _____.
Notary Public in and for the State of:	My commission expires: